Revised December 1974

PRODUCER OF WASTE (Must be filled by producer)

57199

## CALIFORNIA LIQUID WASTE HAULER RECORD

015-

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

ick up Address 5/5/	4LCOA	AVE.	VERNON	(DALI)	<u>C</u>	
elephone Number (13) 5	) - /7 (STREET)	P.O. or Contra	ct No.:	1875	56	
Order Placed By:	HEROK		Date:	6-30-	79	
	M/IYUM kamples: metal ;	FAZ	BRICATO ment cleaning, o	RS pil drilling –	CODE NO.	
			bath, petroleum			
ESCRIPTION OF WASTE (M	ust be filled by	producer)				
theck type of wastes:						
1. Acid solution	6. 🗌 Tetraeth	ryl lead sludge	∍   11. 🗆 C	ontaminated s	oil and sand	
2. Alkaline solution	7. 🗌 Chemica	al toilet waste	s   12. 🗆 C	annery waste		
3. Pesticides	8. 🔲 Tank bo	ottom sedimer	nt   13. 🗆 L	atex waste		
4. Paint sludge	9. 🗌 Oil		14. 🗆 M	fud and water		
5. Solvent	10. 🗌 Drilling	mud	15. 🗆 B	rine		
Other (Specify)	NUM (	MORS	+ NA	ATER		
CODE No. Examples: Hydrochloric acid, lime, caustic soda,  Concentration:						
henolics, solvents (list), metal: rganics (list), cyanide)			Upper Low		ppm	
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				<u> </u>		
Hazardous Properties of Waste	:		<u>_</u>	_		
pH_7./ □ none	☐ toxic	☐ flamma	ble 🗆 corre	osive 🗆 e	xplosive	
Bulk Volume 674 10	🔼 🗆 gal	tons	barrels  (42 gal.)	other	(SPECIFY)	
Containers:	🗆 drums	☐ cartons	☐ bags	Other_	TANK	
Physical State:	solid	liquid	<b>y</b> sludge	Other_	(SPECIFY)	
		<i></i>	<del></del>		Teresir .1	
pecial Handling Instructions (	it any):	. /				
		NON	<i>k</i>			
he waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if pplicable).						
certify (or declare) under penalty of perjury hat the foregoing is true and correct.						
1. f. Malick						

ENT OF HEALTH	SHUND RECORDS CIR
HAULER OF WASTE (Must be filled by hauler)	999000727
ASBURY OIL CO. 13419 Halldale Ave., Gardena, California 90249 Phone: (213) 321-1392	30-79 Dam
Pick Up: State Liquid Waste Hauler's Registration No. (if applicable):	30-79 Time: Dam Opm
	Ы
Job No.:No. of Loads or Trips: Vehicle: 💥 vacuum truck 100_barrels, 🗆 flatbed, 🗆	other
The described waste was hauled by me to the disposal facility named below and was accepted.	(SPECIFY)
t certify (or declare) under penalty of perjury that the foregoing is true and correct.	THE OF AUTHORIZED AGENT AND TITLE
DISPOSER OF WASTE (Must be filled by disposer)	1
Name (print or type): Ocerating	nd CODE NO.
Site Address:	ining tout
The hauler above delivered the described waste to this disposal material under the terms of RWQCB requirements, State Departional restrictions.	facility and it was an acceptable rtment of Health regulations, and
Quantity measured at site (if applicable):	State fee (if any):
Handling Method(s):	
☐ recovery	
disposal (specify): pond spreading landfill other (specify):	
If waste is held for disposal elsewhere specify final location	CODE NO.
Disposal Date: 30 - 74	i
I certify (or declare) under penalty of perjury that the foregoing is true and correct.	Walnu
The site operator shall submit a legible copy of each completed Health with monthly fee reports.	REOF AUTHORIZED AGENT AND TITLE  d Record to the State Department of
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FOR INFORMATION RELATED TO SPILLS OR OTH	ER EMERGENCIES INVOLVING

HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

D.O.T. Proper Shipping Name\_